Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001

100 86330

[
		CLAIMS AS	SFILED - (Column		(Column 2)			SMALL ENTITY		OR	OTHER THAN	
TOTAL CLAIMS			13					RATE	FEE		RATE	FEE
FOR			NUMBER	FILED	NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			13 min	us 20=	* O		ſ	X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			2. mi	nus 3 =	* 0			X42=		OR	X84=	
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+140=		OR	+280=	
* If	the difference	in column 1 is	less than zero, enter "0" in c			olumn 2	L	TOTAL		OR	TOTAL	
	CI		MENDED - PART II					COLALE		.	OTHER	
(Column 1)			,	(Colur		(Column 3)	_	SMALL	2111117	OR	SMALL	FMIIIA
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NO B	Total	*	Minus	##		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	5 01 4114	=		X42=		OR	X84=	
	FIRST PRESE	NTATION OF MU	JLIIPLE DEF	PENDEN	CLAIM			+140=		OR	+280=	
								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)									·	,		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AON.	Total	±	Minus	##		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	F.CL AIRA	=		X42=		OR	X84=	
<u> </u>	FIRST PRESE			+140=		OR	+280=					
								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
	(Column 1) (Column 2) (Column 3)											
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		PREVI	HEST BBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
A BACIE	Independent	*	Minus	***		=		X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDEN									-		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+280=	
** If the entry in column 1 is less than the entry in column 2, write 0 in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FE										OR	TOTAL ADDIT. FEE	
		nber Previously Pa					four	nd in the an	oropriate bo	x in co	lumn 1.	